

The Commonwealth of Massachusetts Division of Professional Licensure Board of Registration of Speech-Language Pathology & Audiology

239 Causeway Street, Boston MA 02114 (617) 727-3071 http://www.mass.gov/dpl/boards/sp

APPLICATION FOR THE REINSTATEMENT OF LAPSED/EXPIRED LICENSE

Requirements for reinstatement of a lapsed or an expired license are established in the Board of Speech-Language Pathology & Audiology ("Board") regulations, 260 Code of Massachusetts Regulations (CMR), section 5.04. Please **return** this two (2) page Application for the Reinstatement of Lapsed/Expired License to the Board of Speech-Language Pathology & Audiology, 239 Causeway Street, Suite 500, Boston, MA 02114, **with your <u>RENEWAL APPLICATION</u> AND RENEWAL FEE. IF YOU DO NOT HAVE A RENEWAL APPLICATION, PLEASE CONTACT THE BOARD.**

Name:		Maiden /Other Name(s):		
Profession:		License Number:		
Mailing Address: _				
Ū	Street/Apt. #	City, Town	State	Zip
Date of Birth:		_		
you at a future date	to garner this required infor-	f your SSN is missing from the Board's databas mation.		contact
	on if your license has lapsed	l or expired and you did not practice in your p		city in
Further I attest, UN	DER THE PAINS OF PER	my Massachusetts license to practice as a/an		
Applicant's Signatu	ıre:	Date:		
		proved to me through satisfactory evidence of to be the person wh	identification, w	hich were
preceding or attache	ed document in my presence			
		(Notary's signat	ure and SEAL)	
	gal to practice until this	s license reinstatement application is ap		
		l or expired AND you have been working in y		
I attest, under the J	pains of perjury, that I have	practiced as a/an	and pr	ovided Over >
services as such fro	m to	My license SP-	- ex	pired on

	20 During this period, I did not hold by & Audiology to practice or provide these services.	l a valid license issued by the		
Applicant's Signature:	Date:			
or attached document in my preser		name is signed on the preceding		
	(Notary's si	gnature and SEAL)		
	: Date			
Note: It is not legal to practic	ce until this license reinstatement application	n is approved by the Board		
Complete this section if your licen I am applying for reinstatement of	nse has lapsed and you have been working in another my Massachusetts license to practice as a/an	r state.		
I attest, under the pains of perjur Commonwealth of Massachusetts	ry, that I have not practiced as a/ansince my license lapsed on	in the		
Applicant's Signature:				
	proved to me through satisfactory evidenc	20, before me, the undersigned notary public, personally appeared proved to me through satisfactory evidence of identification, which were		
preceding or attached document in	my presence.			
	(Notary's si	gnature and SEAL)		
	ent/Record of Standing sent directly to the Board of Sp Suite 500, Boston, MA 02114 from the professional 1 nce your MA license lapsed.			
Please attach a current profession	onal resume.			
Note: It is not legal to practi	ce until this license reinstatement application	n is approved by the Board		
In some instances, after review of	an application, the Board may request additional info	rmation or impose additional		

In some instances, after review of an application, the Board may request additional information or impose additional requirements for reinstatement, including documentation of continuing education, and achievement of a passing score on the licensing examination. (260 CMR 5.04)